UTILITY Attorney Docket No. SP03-140 **Total Pages** First Named Inventor or Application Identifier: George E. Berkey, et al PATENT APPLICATION Title: SINGLE POLARIZATION OPTICAL FIBER LASER AND AMPLIFIER TRANSMITTAL Express Mail Label No. EV 327190522 US (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10: Mail Stop Patent Application I hereby certify that this paper or fee is being deposited with the United ADDRESS TO: Commissioner of Patents States Postal Service "Express Mail Post Office to Addressee" service P.O. Box 1450 under 37 CFR 1.10 on the date indicated below and is Addressed to Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450 Alexandria, VA 22313-1450 (Date) Signature "EXPRESS MAIL" Mailing Label No. EV 327190522 US * Fee Transmittal Form Microfiche Computer Program (Appendix) (Submit an original and a duplicate for fee processing) Specification 2. Nucleotide and/or Amino Acid Sequence Submission [Total Pages 41 (preferred arrangement set forth below) (if applicable, all necessary) - Descriptive title of the Invention Computer Readable Copy Cross References to Related Applications - Statement Regarding Fed sponsored R&D Paper Copy (identical to computer copy) - Reference to Microfiche Appendix - Background of the Invention Statement verifying identity of above copies - Brief Summary of the Invention - Brief Description of the Drawings (if filed) ACCOMPANYING APPLICATION PARTS - Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) 8. 37 C.F.R. § 3.73(b) Statement Power of Attorney - Abstract of the Disclosure (when there is an assignee) 3. Drawing(s) (35 U.S.C. § 113) [Total Sheets English Translation Document (if applicable) 9. 11 4. Oath or Declaration [Total Pages Copies of IDS 10. Information Disclosure Statement (IDS)/PTO-1449 Citations Executed (original or copy) 11. **Preliminary Amendment** Copy from a prior application (37 C.F.R. § 1.63(d)) 12. Return Receipt Postcard (MPEP 503) (for continuation/divisional with Box 16 completed) (should be specifically itemized) **DELETION OF INVENTOR(S)** 14. Certified Copy of Other: Signed statement attached deleting inventor(s) named in the prior Priority Document(s) application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). (if foreign priority is claimed) If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional. Continuation-in-part (CIP) of prior application No Prior application information: Examiner: Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 17. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label 22928 Correspondence address below NAME **ADDRESS** Corning Incorporated, SP-TI-3-1 CITY **Corning** STATE NY ZIP CODE 14831 COUNTRY USA TELEPHONE 607-974-6574 FAX (607) 974-3848

Registration No. (Attorney/Agent)

Date

33,468

Name (Print/Type)

Signature

Juliana Agon

FEE TRANSMITTAL for FY 2003

Complete if Known

Application Number To Be Assigned
Filing Date Herewith
First Named Inventor George E. Berkey, et al
Examiner Name To Be Assigned
Group / Art Unit To Be Assigned

Attorney Docket Number SP03-140

	Group / Art Unit	To Be Assigned	
TOTAL AMOUNT OF PAYMENT (\$)770.00	Attorney Docket Number	SP03-140	
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)		
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 03-3325	3. ADDITIONAL FEES Large Entitly Fee Fee Fee Description Fee Paid Code (\$)		
Deposit Account Corning Incorporated		late filing fee or oath	
Name Charge Any Additional Fees Required	cove	er sheet	
Under 37 C.F.R. §§ 1.16 and 1.17		equest for reexamination	
2. Payment Enclosed: Check Money Order Other FEE CALCULATION	1804 920* Requesting	publication of SIR prior to miner action	
1. BASIC FILING FEE Large Entitly		publication of SIR after niner action	
Fee Fee Fee Description Fee Paid Code (\$)		or reply within first month or reply within second month	
1001 770 Utility filing fee <u>770.00</u> 1002 340 Design filing fee		or reply within third month	
1003 530 Plant filing fee	1255 2,010 Extension fo 1401 330 Notice of Ap	or reply within fifth month peal	
1004 770 Reissue filing fee 1005 160 Provisional filing fee	1402 330 Filing a brief 1403 290 Request for	f in support of an appeal oral hearing	
SUBTOTAL (1) (\$)770.00 2. EXTRA CLAIM FEES Extra Fee from		stitute a public use proceeding	
Claims below Fee Paid Total Claims 20 - 20** = x 18 = 00.00	l	evive - unintentional fee (or reissue)	
Independent 3 - 3** = x 86 = 00.00 Claims	1502 480 Design issue 1503 640 Plant issue f	e fee	
Multiple Dependent 0 = 0.00 **or number previously paid, if greater; For Reissues, see below	1460 130 Petitions to t	the Commissioner	
Large Entity Fee Fee Fee Description		ated to provisional applications of Information Disclosure Stmt	
Code (\$) 1202 18 Claims in excess of 20 1201 86 Independent claims in excess of 3	prop	each patent assignment per erty (times number of properties)	
1203 290 Multiple dependent claim, if not paid0	(37 (Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
1204 86 ** Reissue independent claims over original patent	exan	For each additional invention to be examined (37 C.F.R § 1.129(b))	
1205 18 ** Reissue claims in excess of 20 and over original patent	1801 770 Request for Continued Examination (RCE) 1802 900 Request for expedited examination of a design application		
SUBTOTAL (2) (\$)00.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) SUBMITTED BY Completed (if applicable)			
Name (Print/Type) Juliana Agon Registration No. (Attorney/Agent) 33,468			
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